

EARLY CHILDHOOD PROGRAM AID

**NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 - 2001**

Instructions and Forms

SUBMIT ORIGINAL AND TWO COPIES OF OPERATIONAL PLAN TO:

**COUNTY SUPERINTENDENT
COUNTY OFFICE OF EDUCATION**

DUE DATE: MARCH 3, 2000

**EARLY CHILDHOOD PROGRAM AID
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FISCAL YEAR 2000 - 2001**

Instructions

By **MARCH 3, 2000**, Non-Abbott school districts that receive Early Childhood Program Aid (ECPA) must submit a one-year updated operational plan for the 2000 – 2001 school year, pursuant to New Jersey Administrative Code (N.J.A.C.) 6:19-3.2. The purpose of the plan is to provide implementation activities and related costs for the 2000 – 2001 The early childhood operational plan must be aligned with the district's long-term comprehensive plan (i.e., strategic plan, if applicable) and the district's Long Range Facilities Plan. The district is encouraged to contract with and/or utilize Department of Human Services (DHS) licensed child care providers to implement the required four-year-old half-day preschool program.

Please note that *The Comprehensive Educational Improvement and Financing Act of 1996* permits the use of ECPA funds for facilities for the first four years (1997 – 98 through 2000-2001); therefore, districts should budget the withdrawal of all early childhood capital reserve funds in the 2000-2001 school year, except in the limited situation of a Department of Education lease purchase approval. The funds should be used to enter construction projects that will be completed during the 2000 – 2001 school year and the summer of 2001. Amounts in excess of facility and program needs may be spent on Demonstrably Effective Programs and educationally meritorious programs during 2000 – 2001 school year. Please refer to the Budget Guidelines for 2000- 2001 for a more detailed explanation.

Follow the instructions below for developing the attached early childhood operational plan forms. The district's program and business administrators should work together to complete the plan forms. Complete the cover page and attach a copy of the signed Board Resolution. This plan is also on the Department of Education's web page (<http://www.state.nj.us/education/>). The original and two copies of the 2000 – 2001 operational plan and hard copy of the budget should be submitted by **MARCH 3, 2000** to the county superintendent.

Part I: Enrollment Projections

- A. Indicate in **Table 1** the total number of four, - and five-year-old children in the district that are eligible for preschool and kindergarten programs.
 1. Describe the method(s) the Board of Education used to determine the number of children in each category that are eligible for the preschool and kindergarten programs. Acceptable documentation (collected in the last three years) includes cohort survival data, census data, and/or Long Range Facilities Plan. Local hospital birth rate data is not acceptable documentation.
- B. Indicate in **Tables 2, 3, 4, 5, and 6** the total number of children enrolled by year and type of setting, e.g., district, community-based provider. The total number of children served should equal the number of eligible children to be served in **Table 1**. If the numbers are not equal, please provide an explanation on a separate page.

Part II: Program and Budget Detail Forms

- A. Complete a Program and Budget Detail Form (PBDF) for the half-day and/or full-day program for each age group, e.g., a separate form(s) must be completed for each age group and length of day.
- B. On the top of each PBDF, check in the appropriate space whether the program activities and budget detail are intended for the half-day or full-day program.
- C. In the appropriate column on the PBDF, identify the following program components/activities and code (1, 1.1; 1.2 or 2, 2.1, 2.2; or 3, 3.1, 3.2) for the half-day and/or full-day program for each age group. Program component/activities examples include:

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE - YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 - 2001**

1. Program planning and development activities. Include plans for all district teachers, and teacher aides in this section. Itemize salaries and benefits separately. Provide justification for transportation, secretarial and clerical support costs.
 - 1.1 Teachers and aides, itemize salaries and benefits separately;
 - 1.2 Materials and supplies;
 - 1.3 Identify recruitment activities;
 - 1.4 Transportation; and
 - 1.5 Other.
 2. Community collaboration.
 - 2.1 Identify the name of each Department of Human Services (DHS) community-based provider and the number of children to be served and the contracted per pupil amount;
 - 2.2 Identify community collaboration activities; and
 - 2.3 Other.
 3. Curriculum development activities that are aligned with the Core Curriculum Content Standards
 - 3.1 Identify special education inclusion activities;
 - 3.2 Identify bilingual education activities; and
 - 3.3 Other.
 4. Professional development activities
 - 4.1 Child development workshops;
 - 4.2 Travel (provide justification); and
 - 4.3 Other
 5. Health and social services activities
 - 5.1 Dental screenings; and
 - 5.2 Other.
 6. Parent activities
 - 6.1 Parent education workshops (provide justification); and
 - 6.2 Other.
- E. In the appropriate column on the PBDF, identify the funding source (e.g., ECPA, general fund, grants, federal funding), account number and itemized costs for each activity in part D above.
- F. There must be a clear crosswalk between the early childhood plan and the district wide budget. The costs in the early childhood plan should be identified with specific accounts in the district wide budget and appropriate early childhood accounts (Fund 20). The total dollar amount in the early childhood plan must be equal to the early childhood program amount in the district wide budget.
- G. Complete a separate Early Childhood Budget Statement form for each PBDF for each age group and length of day, e.g., preschool four-year-olds half-day, kindergarten full-day.

Part III: Statement of Assurances

The Chief School Administrator must sign and date the Statement of Assurances form.

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 – 2001**

COVER PAGE

County Name: _____ County Code: _____

District Name: _____ District Code: _____

Chief School Administrator: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Early Childhood Program Contact: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

**PERSON WHO SHOULD BE CONTACTED CONCERNING QUESTIONS WITH THE EARLY
CHILDHOOD PLAN:**

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Estimated Allocation: _____

ECPA Carryover: _____

Total Estimated Funds Available: _____

Date of the Board Resolution: _____
(Attach a copy of the signed and dated Board Resolution)

Chief School Administrator Signature

Date

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 - 2001**

Part I: Enrollment Projections

District Name:_____ **District Code:**_____ **County Name:**_____ **County Code:**_____

Directions:

1. Indicate in **Table 1** below and on the following pages the total number of three-, four-, and five-year-old children in the district that are eligible for the preschool and kindergarten programs. **Table 1** reflects data provided in **Table 2** through **Table 6**.

TABLE 1: TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE DISTRICT BY AGE GROUP

SCHOOL YEAR	THREE-YEAR OLDS (IF APPLICABLE)	FOUR-YEAR-OLDS	FIVE-YEAR-OLDS
1999 - 2000			
2000 – 2001			

2. Describe the method the Board of Education used to determine the number of four- and five-year-old children in the district who are eligible for preschool and kindergarten programs. Acceptable documentation (collected in the last three years) includes cohort survival data, census data, and/or Long Range Facilities Plan. Local hospital birth rate data is not acceptable documentation.

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 - 2001**

Part I: Enrollment Projections (continued)

District Name:_____ **District Code:**_____ **County Name:**_____ **County Code:**_____

Directions:

3. Indicate in **Tables 2, 3, 4, 5, and 6** below and on the following pages the total number of children enrolled by year, type of setting, e.g., district, community-based provider, and funding source. The total number of children served should equal the total number of eligible children to be served in **Table 1**. If the numbers are not equal, please provide an explanation on a separate page.

TABLE 2: TOTAL NUMBER OF CHILDREN ENROLLED IN SCHOOL-BASED PROGRAMS BY AGE

SCHOOL YEAR	HALF-DAY THREE-YEAR-OLDS (If applicable)	HALF-DAY FOUR-YEAR-OLDS	FULL-DAY KINDERGARTEN
1999 – 2000			
2000 - 2001			

TABLE 3: TOTAL NUMBER OF CHILDREN ENROLLED IN FEDERALLY FUNDED SPECIAL EDUCATION PROGRAMS BY AGE

SCHOOL YEAR	HALF-DAY THREE-YEAR-OLDS (If applicable)	HALF-DAY FOUR-YEAR-OLDS	FULL-DAY KINDERGARTEN
1999 – 2000			
2000 - 2001			

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 - 2001**

Part I: Enrollment Projections (continued)

District Name:_____ **District Code:**_____ **County Name:**_____ **County Code:**_____

**TABLE 4: TOTAL NUMBER OF CHILDREN ENROLLED IN COMMUNITY-BASED
CHILD CARE PROGRAMS BY AGE**

SCHOOL YEAR	HALF-DAY THREE- YEAR-OLDS (If applicable)	HALF-DAY FOUR- YEAR-OLDS	FULL-DAY KINDERGARTEN
1999 – 2000			
2000 - 2001			

**TABLE 5: TOTAL NUMBER OF CHILDREN ENROLLED IN FEDERALLY-FUNDED
HEAD START PROGRAMS BY AGE**

SCHOOL YEAR	HALF-DAY THREE- YEAR-OLDS (If applicable)	HALF-DAY FOUR- YEAR-OLDS	FULL-DAY KINDERGARTEN
1999 – 2000			
2000 - 2001			

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 - 2001**

Part I: Enrollment Projections (continued)

District Name:_____ **District Code:**_____ **County Name:**_____ **County Code:**_____

4. Explain how the district determined the number of children in **Table 6** below who are not enrolled in any of the other programs listed above.

TABLE 6: TOTAL NUMBER OF CHILDREN NOT ENROLLED IN ANY PROGRAM DESCRIBED ABOVE

SCHOOL YEAR	THREE-YEAR-OLDS (If applicable)	FOUR-YEAR-OLDS	FIVE-YEAR-OLDS
1999 – 2000			
2000 – 2001			

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 – 2001**

AGE GROUP: PRESCHOOL THREE-YEAR-OLDS, HALF-DAY (IF APPLICABLE)

Part II: One-Year Program and Budget Detail Form

(Duplicate this form as necessary.)

District Name: _____ **District Code:** _____ **County Name:** _____ **County Code:** _____

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES	FUNDING SOURCE (e.g. ECPA, General Fund, Grant, Federal)	ACCOUNT CODE	ITEMIZED COSTS (Itemize salaries & benefits separately)

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 – 2001**

AGE GROUP: PRESCHOOL FOUR-YEAR-OLDS, HALF-DAY

Part II: One-Year Program and Budget Detail Form

(Duplicate this form as necessary.)

District Name: _____ **District Code:** _____ **County Name:** _____ **County Code:** _____

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES	FUNDING SOURCE (e.g. ECPA, General Fund, Grant, Federal)	ACCOUNT CODE	ITEMIZED COSTS (Itemize salaries & benefits separately)

**EARLY CHILDHOOD PROGRAM AID
ABBOTT SCHOOL DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 – 2001**

AGE GROUP: FIVE-YEAR-OLDS/KINDERGARTEN

Part II: One-Year Program and Budget Detail Form

(Duplicate this form as necessary.)

District Name: _____ **District Code:** _____ **County Name:** _____ **County Code:** _____

Check one: _____ **Half-day** _____ **Full-day**

PROGRAM COMPONENT CODE	PROGRAM COMPONENTS/ACTIVITIES	FUNDING SOURCE (e.g. ECPA, General Fund, Grant, Federal)	ACCOUNT CODE	ITEMIZED COSTS (Itemize salaries & benefits separately)

**EARLY CHILDHOOD PROGRAM AID
NON - ABBOTT DISTRICT
ONE-YEAR OPERATIONAL PLAN
FISCAL YEAR 2000 - 2001**

Part III: Statement of Assurances

District Name:_____ **District Code:**_____ **County Name:**_____ **County Code:**_____

The Chief School Administrator hereby assures that the following has occurred. If the Chief School Administrator cannot assure any of the activities below, please justify on a separate page.

- a. The one-year operational plan incorporates all early childhood program components/activities identified in the instructions of this plan by age group and length of day.
- b. The early childhood program is coordinated with the Board of Education's Long Range Facilities Plan.
- c. The early childhood program is coordinated with and aligned with the Core Curriculum Content Standards.
- d. The early childhood program is aligned with the school district's long-term comprehensive plan (i.e., strategic plan, if applicable).
- e. There is a clear crosswalk between the early childhood operational plan itemized costs and the district wide budget.

I certify that all the above items and any attached justification(s) are correct and complete.

Chief School Administrator Signature

Date

REVISED FEBRUARY 9, 2000

PAGE ____ OF ____

NEW JERSEY STATE DEPARTMENT OF EDUCATION
EARLY CHILDHOOD PROGRAM
NON - ABBOTT

G. 2000 – 2001 BUDGET STATEMENT FORM

District Name: _____ District Code: _____ County Name: _____ County Code: _____

DIRECTIONS: Complete a separate Budget Statement Form for each age group and length of day, e.g., preschool four-year-old half-day, kindergarten full-day. Duplicate this form as necessary.

CHECK THE APPROPRIATE PROGRAM: _____ Preschool Three-Year-Olds, Half-Day – IF APPLICABLE
_____ Preschool Four-Year-Olds, Half-Day
_____ Kindergarten, Five-Year-Olds, Half-Day
_____ Kindergarten Five-Year-Olds, Full-Day

EXPENDITURE CATEGORY	FUNCTION/ OBJECT CODES	ECPA FUNDING	OTHER FUNDING SOURCE	TOTAL FUNDING
INSTRUCTION	100-			
Salaries of Teachers	100-101			
Other Salaries for Instruction	100-106			
Purchased Prof. & Tech. Serv.	100-300			
Other Pur. Serv. (400-500)	100-500			
Tuition	100-560			
General Supplies	100-610			
Textbooks	100-640			
Other Objects	100-800			
SUBTOTAL INSTRUCTION				
SUPPORT SERVICES	200-			
Sal. of Supervisors of Instr.	200-102			
Sal. of Program Directors	200-103			
Sal. of other Prof. Staff	200-104			
Sal. of Secr. & Clerical Asst.	200-105			
Other Salaries	200-110			
Personnel Serv.-benefits	200-200			
Purchased Prof.-Ed. Services	200-320			
Other Purchased Prof. Services	200-330			
Purchased Technical Services	200-340			
Rentals	200-440			
Contr.Servs.-Transport. Other Than Betw. Home & School	200-516			
Travel	200-580			
Other Pur. Serv. (400-500)	200-590			
Supplies and Materials	200-600			
Other Objects	200-890			
SUBTOTAL – SUP. SERV.				
FACILITIES ACQ. CONSTR. SERVICES	400-			
Buildings (Use Charge)	400-720			
Instructional Equipment	400-731			
Non-Instructional Equipment	400-732			
SUBTOTAL – FAC. ACQ. & CONSTRUCTION				
TOTAL FUNDING				

TOTAL TRANSFERRED TO DEPA				
TOTAL TRANSFERRED TO CHARTER SCHOOLS				
TOTAL TRANSFERRED TO EMP				